

***JOINT MPH PROGRAM OF ADDIS CONTINENTAL INSTITUTE OF  
PUBLIC HEALTH AND UNIVERSITY OF GONDAR***

***Assessment of diagnostic and therapeutic Approaches of  
traditional healers, patient outcome and utilization level at Lideta  
Clinic in Woreta town and North Western Amhara region,  
Ethiopia***

**By**

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**ADVISOR**

**PROFESSOR YEMANE BERHANE**

**FINAL THESIS SUBMITTED TO JOINT MPH PROGRAM OF  
ACIPH-UOG BAHIR DAR CAMPUS IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF  
PUBLIC HEALTH**

**December 2010**

**Bahir Dar, Ethiopia**

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## **II**

### **List of Acronyms**

**TM=Traditional Medicine**

**CAM=Complementary or Alternative Medicine**

**WHO=World Health Organization**

**DACA=Drug administration and Control Authority**

**EHNRI=Ethiopian Health and Nutrition Research Institute**

**ACIPH=Addis Continental institute of Public Health**

**TB=Tuberculosis**

**TBA=Traditional Birth Attendant**

**OR=Odd Ratio**

**CNS=Central Nervous System**

**CSF=Cerebro Spinal Fluid**

## Table of contents

### CONTENTS

<b>Acknowledgements</b>	<b>I</b>
<b>List of Acronyms</b>	<b>II</b>
<b>Table of contents</b>	<b>III, IV</b>
<b>List of tables</b>	<b>V</b>
<b>List annexes</b>	<b>VI</b>
<b>Abstract</b>	<b>1</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. LITERATURE REVIEW</b>	<b>5</b>
<b>3. OBJECTIVES</b>	<b>11</b>
<b>4. METHODS</b>	<b>12</b>
<b>4.1 Study design</b>	<b>12</b>
<b>4.2 study areas</b>	<b>12</b>
<b>4.3 study population</b>	<b>12</b>
<b>4.4 Sample size and procedures</b>	<b>12</b>
<b>4.5 Data collection procedures</b>	<b>14</b>
<b>4.6 data analysis</b>	<b>15</b>
<b>5 Study variables</b>	<b>15</b>
<b>6 Operational definitions</b>	<b>16</b>
<b>7 Ethical considerations</b>	<b>18</b>
<b>9 Results</b>	<b>20</b>
<b>10 Discussion</b>	<b>30</b>

## IV

<b>11 Conclusions</b>	<b>35</b>
<b>12 Recommendations</b>	<b>36</b>
<b>13 References</b>	<b>37</b>
<b>14 Annexes</b>	<b>42-62</b>
<b>15 Declaration</b>	<b>63</b>

**List of tables**

Table 1 Socio-demographic characteristics of study participants and user of traditional practices at Lideta clinic in woreta town, august-September 2010

Table 2 socio-demographic factors associated for the utilization of traditional practices at Lideta clinic, in Woreta town, August-September, 2010

Table 3 reasons for utilization of traditional practices at Lideta clinic, in Woreta town, August-September 2010

Table 4 Diagnostic approaches of traditional healers mentioned by patients at Lideta clinic in Woreta town, August-September 2010

Table 5 Treatment approaches of traditional healers mentioned by patients at Lideta clinic in Woreta town, August-September 2010

Table 6 types of traditional practices of which patients' perceived improvement or complication or not at Lideta clinic in Woreta town, August-September 2010

## **LIST OF ANNEXES**

<b>English Questioners-----</b>	<b>42-48</b>
<b>In-depth interview guide-----</b>	<b>49-51</b>
<b>Amharic Questioners-----</b>	<b>52-58</b>
<b>Amharic in-depth interview guide-----</b>	<b>59-60</b>
<b>English Consent form-----</b>	<b>61</b>
<b>Amharic consent form-----</b>	<b>62</b>
<b>Conceptual framework-----</b>	<b>63</b>



## Abstract

**Background:** In Ethiopia up to 80% of the population uses traditional medicine due to cultural acceptability of healers and the relatively low cost of traditional medicine and difficult access to modern health facilities. 35% of the patients did not obtain the prescribed drugs due to lack of money.

The differences between real and false healers are almost impossible to distinguish. only about ten percent of practicing healers are true Ethiopian healers.

**Objective:** To explore the diagnostic and treatment approaches of traditional healer, the treatment outcome, utilization level and the factor associated for the utilization of the practices

**Methodology:** both quantitative and qualitative study designs were used. Cross-sectional study design and case study design were used for quantitative and qualitative respectively. Convenience sampling technique and structured questioner was used for quantitative study and quantitative data collection was conducted from August to September at Lideta Clinic in Woreta Town for. For qualitative study, traditional healers were selected purposely; In-depth interviews guide was used and data were collected from July to September .Quantitative were analyzed using EPI INFO version 3.2.2 and SPSS 15.0 statistical package and the qualitative data were analyzed manually.

**Results:** utilization level was 80.2%.Married patients were strongly associated to utilization. The major reason for utilization were strong belief (53.13%) followed by peer pressure or relative pressure (32.29%),most healers diagnostic approaches were physical examination followed by asking patients, observing mirror or cup, observation of saliva and urine, applying devices on the body and spiritually.

The treatment approaches were in the form of drinking, ointment, smelling, inserting medicine by surgery, injection of hemorrhoid, cutting of sublingual tissue. Most of the users of *medhanit awaki*, *tenquaye*, and *kalicha* did not perceive improvement and many malpractices and harmful practices were identified by Medhanit awaki, Debtera, tenquaye and Kalicha.

**Conclusion:** the utilization level is still high and the commonest reasons for utilization are strong belief despite easy access to health institution. Many of the diagnostic and treatment approaches are groundless and scientifically do not sound. Most healers are practicing Harmful practices and are false healers.

**Recommendation:** There should be strict control in licensing, sorting false healers and harmful practices and evaluation of the safety and efficacy of the practices.

## **1. Introduction and statement of the problems**

The World Health Organization (WHO) defines traditional medicine as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied to treat, diagnose and prevent illnesses and maintain well-being (1).

On the basis of a community's or a country's culture, history, and beliefs, traditional medicine came into being long before the development and spread of western medicine that originated in Europe after the development of modern science and technology. The knowledge of traditional medicine is often passed on verbally from generation to generation. Nevertheless, in some cases a sophisticated theory and system is involved (2).

Complementary or alternative medicine (CAM) refers to the kind of medicine that does not play a major role in the national health care system. Most forms of traditional medicine and other therapies are considered to be complementary or alternative systems of medicine (2). Traditional medicine has maintained its popularity in all regions of the developing world and its use is rapidly spreading in the industrialized countries. Over one-third of the population in developing countries lack access to essential medicines (3).

In Ethiopia up to 80% of the population uses traditional medicine due to the cultural acceptability of healers, the relatively low cost of traditional medicine and difficult access to modern health facilities (4, 5). A study of pharmaceutical drug use showed that 35% of the patients did not obtain the prescribed drugs due to lack of money (6). Like other countries Ethiopia is also a home for many useful and harmful traditional practices. These traditional practices have been widely exercised through out the country since many years back. It is good quality to develop and promote the useful traditional practices in the country so as to make it the identity and the culture of the people. In contrary there are many harmful traditional practices that are creating physical, mental, psychological and social problems in the society. In Ethiopia an increasing number of "false healers" using home based medicines have grown with the rising population (7) the differences between real and false healers are almost impossible to distinguish. However,

only about ten percent of practicing healers are true Ethiopian healers. Much of the false practice can be attributed to commercialization of medicine and the high demand for healing (8). Some people assume that remedies used for centuries must be safe and useful. The system has been neglected and its therapeutic potentials as well as adverse effects have not been thoroughly studied scientifically but we have learned in recent years that many traditional herbals or practices have dangerous and even fatal side effects. Counterfeit, poor quality or adulterated herbal products in international markets are serious patient safety threats (8). The official Ethiopian health care system is almost exclusively based on the concept of modern medicine and the man power employed generally does not have adequate knowledge of the traditional healing systems (9). From the side of modern practitioners, very little effort has been made to understand traditional healing practitioners. Most modern health professionals in Ethiopia seem to think that there is no logic to what ever traditional healing practitioners do. This attitude contributes to the continuation of polarization and separate development of the two systems with out creating a basis for integration (9).

There are many miss interpretation of health problem in Ethiopia so health education must address Ethiopian concerns and customs (10).

Rationale to conduct the study: during my clinical practices, I have observed many patients who were miss-diagnosed, miss-treated and delayed for treatment of communicable disease like Tb and severe infections for instance severe malaria and meningitis. Many patients have developed severe complications following traditional intervention. The purpose of this study is to asses the magnitude and extent of these problems, to identify both harmful and useful traditional practices; to assess diagnostic, therapeutic approaches of traditional healers; treatment outcome and associated factors for utilization of the practices .At the end this study tries to share the study result to the concerned bodies and stimulating further study.

## **2. LITERATURE REVIEW**

### **2.1 back ground information**

Traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. In some Asian and African countries, 80% of the populations depend on traditional medicine for primary health care. In many developed countries, 70% to 80% of the population has used some form of alternative or complementary medicine (e.g. acupuncture (8). a substantial proportion of attendees of traditional healing practices suffer from psychological distress. Associated factors include poverty, number of children, polygamy, reason for visiting the healer and use of both traditional healing and biomedical health units (11)

WHO estimates that one-third of the world's population still lacks regular access to essential drugs, with the figure rising to over 50% in the poorest parts of Africa and Asia (12).

In West Africa, Mali, One study revealed that the local people have been seeking for their treatment even in preference to modern medications and also in connection with the community's belief that they would not get better medications for some of the diseases in modern health services. Remedies were reported to be administered mainly through oral (45.45%), dermal (33.33%) and auricular (15.15%) routes (11) However, knowledge of traditional healers on dosage of each remedy was poor. The absence of any adverse effects of traditional medicines after administration were also more frequently mentioned by the traditional healers but some of the preparations were reported to have some adverse effects like vomiting and temporary inflammations on patients, Most of the traditional healers were found to have poor knowledge on dosage and antidote while prescribing remedies to their patients and most of the remedies were reported to have no serious adverse effects except vomiting and temporary inflammations. This could be attributed to the low toxicity of the remedy

preparations of the medicinal plant species used by the traditional healers in the study area (13).

The majority of the Ethiopia people rely on traditional medicine for their primary health care needs due to poor access to health services, especially in the rural areas,(4) but the system has been neglected and its therapeutic potentials as well as adverse effects have not been thoroughly studied scientifically(14)

In 2003/04, in Ethiopia, at least 30% of populations did not have easy access to formal health services (14). A study of pharmaceutical drug use showed that 35% of the patients did not obtain the prescribed drugs due to lack of money (15). The wide spread use of traditional medicine among both urban and rural population in Ethiopia could be attributed to cultural acceptability, efficacy against certain type of diseases, physical accessibility and economic affordability as compared to modern medicine. The knowledge from herbalists is passed secretively from one generation to the next through words of mouths or their descendants inherit the medico-spiritual manuscripts (16-20). The study of Ethiopian medicinal plants has not been realized as fully as that of India or other traditional communities elsewhere (21)most of the ethno medicinal studies in northern part of Ethiopia are focused on 'Medihanit Awakie' (professional traditional practitioners) and the ancient medico-magical and/or medico-spiritual manuscripts and old Gee'z manuscripts (19,22,23) and ignore the knowledge of ordinary people in the locality (24).This continued reliance of many African people on traditional medicines is partly due to economic circumstances, which place modern health facilities, services and pharmaceuticals out of the reach of the majority of the population. However, in many cases, it is also attributable to the widespread belief in the effectiveness of many traditional therapies. Even where western biomedical care is available, many people still prefer traditional treatments for treating many ailments (25, 26, 19, 27).

The multiple prescriptions reported by the healers usually contain a range of pharmacologically active compounds; in some cases, it is not known which ingredients are important for the therapeutic effect and some are used as adjuvant (28).

In Arisi zone, one study showed that the administration routes are oral (51.4%), external (38.6%), nasal (7.9%), and through the ear (2.1%). The remedies are taken with water, skimmed milk, honey, tef injera (local thin bread made from tef, *Eragrostis tef*) and boiled coffee (26, 19).

There is a high expectation of enormous traditional knowledge and use of medicinal plant species in Ethiopia due to the existence of diverse cultures, languages and beliefs among the people. However, since cultural systems are dynamic (29), the skills are fragile and easily forgettable as most of the indigenous knowledge transfer in the country is based on oral transmission (30).

An ethno botanical study was conducted from October 2005 to June 2006 to investigate the uses of medicinal plants by people in Zegie Peninsula, northwestern Ethiopia. The administration routes are oral (51.4%), external (38.6%), nasal (7.9%), and ear (2.1%) (31).

## **2.2 Types of traditional practices and healers in Ethiopia**

Traditional practitioners include bonesetters, birth attendants, tooth extractors, (called 'Wogesha' and yelimd awalaj' respectively in Amharic), herbalists, as well as 'debtera', 'tenquay' (witch doctors), and spiritual healers such as 'weqaby' and 'kalicha' (32, 8).

Religious practices play a large part in the healing process for Ethiopians such as praying and going to church. Holy water for Orthodox Christians (called 'tsebel' in Amharic) or 'zemzem' in the case of Moslems is also frequently used for a wide variety of illnesses. Ethiopians believe that holy water cures when it is drunk or bathed in (32, 8)

## **2.3 Features of traditional medicine in Ethiopia**

Healing in Ethiopian traditional medicine is not only concerned with curing of diseases but also with the protection and promotion of human physical, spiritual, social, mental and material wellbeing (14). It is widely believed in Ethiopia that the skill of traditional health practitioners is 'given by God' and knowledge on traditional medicines is passed orally from father to a favorite child, usually a son or is acquired by some spiritual procedures. Traditional Healing knowledge is guarded by certain families or social groups (33). Healers obtain their drugs

mainly from natural substances and mainly from plants, animals and minerals in decreasing order (34).

In Ethiopian traditional medicine, the issue of health is seen holistically and not separated into physical health and mental health. Spiritual wellbeing is also important. Health is seen as a 'gift of God' or 'the will of God' and many Ethiopians generally believe that their religion helps keep them healthy (35). The devil is considered to be the cause of a number of illnesses, God is believed to provide the healing especially applicable to mental illnesses, and some other conditions that are more obscure and difficult to treat with conventional medicines and traditional medicines, the use of prayer as a therapy of the best options. Supernatural power has been longer time in the practice of Ethiopian traditional medicine. Traditional spiritual healers are known by different names, depending on the communities where they practice including debtera, tenquay (witch doctors), weqaby and kalicha (36, 32, 37).

The more widely known spiritual healers are grouped into two categories according to their religious beliefs. Members of the Orthodox Christian clergy are called the debteras and members of the Muslim community are known as kalichas. Debteras usually look upon mental disorders as possession by evil spirits, which are thus treated mostly by praying and using holy water or eventually eradicating the evil spirit. The debteras are renowned for their prayer which is known as degmit, which they perform on behalf of clients. Along with this, they prepare holy water (tsebel) and kitab amulets containing a written script. By means of the degmit, the debteras claim to have the ability to perform miracles, which are believed to be manifested by the reactions of their patients. Tsebel is commonly used to ward off evil spirits from patients who are believed to be possessed by the devil. Kitabs are worn for the purpose of protecting oneself against the evil eye or buda, as well as snake and scorpion bites. The kalichas is the religious leader who, through an ecstatic ritual, can investigate the causes of a disorder and advise the patient on what to do. Mental disorders are generally explained as resulting from disturbances in the relationship between people and divinity. They conduct special ceremonies to effectively perform their practices



which include the use of excessive smoke by burning incense such as myrrh, and frankincense (etan). Similar to the debteras, the kalichas also prepare kitabs of their own kind to be worn by their clients (37). Besides its role in healing, traditional Ethiopian medicine is also associated with a number of other beliefs. These practices are believed to be helpful in preventing the evil eye, overcoming demons, defeating human enemies, obtaining long life, clear eye sight, a good memory, as well as a large family and a faithful wife (32).

#### **2.4 Curative practices**

Traditional Ethiopian medicine is commonly used to treat a variety of diseases employing substances as recommended by professional traditional medical practitioners (8). One of the well recognized groups of these healers are the secular medhanit awakis (kitel betashs) herbalists using plants as their primary means of providing treatment (38).

The medhanit awakis diagnose disease conditions mostly by physical examination and questioning patients. Sometimes they prescribe medicines based on descriptions from informants. Although the medhanit awakes make efforts to modernize their practices, they do not normally employ any of the equipment and techniques used in conventional medical or pharmaceutical practices (38).

#### **2.5 Surgical traditional practice in Ethiopia**

Traditional practices considered to be related to surgery include bone-setting, uvulectomy, circumcisions, bleeding and cupping, cautery, scarification and tooth Extraction (38,39). The setting of bones is regarded as an important surgical procedure which requires a certain degree of skill and experience on the part of the healer. In most places, the healer involved in bone-setting is the local wogesha. In many situations, the wogesha practices his/her skills without aseptic conditions, with or without the application of medicines (32). Midwifery is one of the most common practices of traditional Ethiopian medicine. It is performed by traditional midwives commonly known in Amharic as yelmid awalajs, (traditional birth attendants) and most yelmid awalajs are women (40)

Traditional medicines are usually sold to the public together with other materials such as spices, salt and other food items (41). Most of the families grow or gather plants in their vicinities of homes (42). However some plants used in traditional medicines, such as taenicides, are widely known to be toxic. For example, blindness and changes in central nervous system function have repeatedly been found in people who took over dosage of *Hagenia abyssinica* (43). Traditional healers may cause create delays in the treatment of communicable diseases such as TB if they fail to refer patients to modern health services (44). Moreover, a number of harmful practices have been traced to healers, including female genital mutilation, uvulectomy, and milk tooth extraction (45)

Formal recognition to TM in Ethiopia was given in 1942 (Proc. 27) where the legality of the practice is acknowledged as long as it does not have negative impact on health. Registration and licensing was introduced in 1950 (46, 47).

The National Policy of Traditional Medicine under the current Federal Democratic Republic of Ethiopia was issued as part of the Health, Drug, and Science and Technology Policy issued in 1993 (48) It was reported that due attention shall be given to the development of the beneficial aspects of traditional medicine including related research and its gradual integration into Modern Medicine(49) DACA is responsible for preparing standards of safety, efficacy and quality of traditional medicine, and shall evaluate laboratory and clinical studies. It also gives license for the use of traditional medicine in the official health services (50). Currently there is no registered traditional practitioner and way of registration in the Federal Ministry of Health (9) though herbal medicines are sold on the streets with medical claims, There is neither a post market surveillance system, a restriction on the sale of herbal medicines nor a guideline for clinical trials using traditional medicines (50).

An initiative was made to establish guidelines for licensing and minimum standards for traditional practice and practitioners. A committee from FMOH, DACA and EHNRI is preparing standards of safety, efficacy and the quality of traditional medicine (51)

### **3. OBJECTIVE**

#### **3.1 General Objective**

To explore diagnostic and treatment approaches of traditional healer and to evaluate the treatment outcome and utilization level of the patients.

#### **3.2 Specific objectives**

**3.2.1** To identify the diagnostic or treatment approaches of traditional healer

**3.2.2** To determine patient utilization level of the practice

**3.2.3** To determine associated factors for utilization of traditional practices

**3.3.4** To identify the perceived treatment outcome

## **4. Methods**

### **4.1 The study design and period**

Both Qualitative and Quantitative research design.

For qualitative part Narrative analysis (case study) design was used and data collection was conducted from July to September

For quantitative part Cross-sectional study design and data collection was conducted from August to September

### **4.2 The study areas**

Woreta town is Woreta city administrative in South Gondar Zone, located 614km from Addis, 55km from Bahir Dar and 42 km from Debretabor and 220km from Gondar town with total population of 42000

Lideta Clinic is one of well known medium clinic in Woreta town with average 15 patients flow per day coming from Libo, Fogera, Ebinat, Belesa, Farta, and Dera Woreda.

### **4.3 The study populations**

**4.3.1** Purposely selected Traditional medical practitioners who are delivering any form of drugs or medicines and any form of traditional of practices in north western Amhara

**4.3.2** Patients visiting Lideta clinics in Woreta town who visited consecutively from august to September for any health problems and with or with out past history of utilization of traditional practices within the last one year period and ever used.

The total number of patients visiting Lideta clinic on average is 5460 within one year period which is calculated by average visit of 15 patients per day.

### **4.4 Sampling size and procedure**

#### **4.4.1 Selecting study subject**

For the qualitative part *Purposive sampling* technique was employed by selecting of the most productive sample to answer the research question.

For the quantitative part the study subjects were patients visiting Lideta clinic consecutively during study period.

#### 4.4.2 Sample size

For the qualitative part Selection of the study population was continued until redundancy or saturation occurred.

For the quantitative part the average number of patient visiting lideta clinic were 15 per day, the total number of patient visiting lideta clinic per year were 5460.

The total numbers of study population were 5460.

Sample size will be determined by the formula

$$n = \frac{Z^2 \cdot P_1 (1-P_1)}{d_1^2}$$

Where Z= standard score at 95% CI which is 1.96.

$P_1$ = the prevalence of using traditional practices, in our local situation is unknown, which is taken as 50% i.e. 0.5

$d_1$ = the margin of error to be tolerated, 0.05

$$\text{Then } n = \frac{1.96^2 \cdot 0.5(1-0.5)}{(0.05)^2}$$

$$n = 384.16$$

$$n = 384$$

But the study population is 5460(<10,000),when adjusted

$$\text{Final } n = \frac{384}{1 + \frac{384}{5460}}$$

$$n = 358.907 = 359$$

## **4.5 Data collection procedures**

Qualitative data: In-depth interview of traditional healer; unstructured questioners and in-depth interview for purposely selected patients and

Quantitative data: Interview with structured questioners for patients visiting Lideta clinic for any health problems.

Amharic version of the questioner was used during the interview with patient. In depth interview was conducted in their compound and took on average forty minute and interviewed isolated to ensure privacy and good discussion with traditional healer and patients were conducted in isolated room at lideta clinic which took an average of 25 minutes

### **4.5.1 Data collection tools:**

Audio recorder and In-depth interview guide for qualitative data

Structured questioners used for quantitative data

### **4.5.2 Data collector:**

Qualitative data were collected by in-depth interview and unstructured questioners and quantitative data were collected by face to face interview with structured questioner by principal investigator.

### **4.5.3 Data quality**

Semi structured questioner was translated to Amharic. The questioner was pre tested for 20 patients on the same facility five days before data collection was begun and appropriate adjustment was done before it was finalized.

All the data were collected by principal investigators. The collected data were checked for consistency and completeness after data collection on daily bases by principal investigators before entered in a predetermined data entry form. In addition, data cleaning and checking were done before analysis.

#### **4.6 Data analysis**

For quantitative part Data were originally entered, cleaned and analyzed using EPI INFO version 3.2.2 statistical package. Descriptive statistics were computed for most of the study variables. Frequency distribution tables were used to describe most of the findings. Data were also exported to SPSS 15.0 for analysis of logistic binary regression to infer associations of socio-demographic factors for utilization of traditional practices.

Qualitative data was transcribed to Amharic version then translated to English version from tape recorder. Results were analyzed manually written by summarizing the ideas forwarded by traditional healer and patients selected purposely for in-depth-interview.

#### **5. Study variables**

##### **5.1 Independent variables:**

Socio-demographic variables: Sex, age, marital status, income, occupation, educational status, religion

##### **5.2 Dependent variables:**

5.2.1 Perceived treatment outcome (improvement, no improvement or complication)

5.2.2 Utilization level

8.2.3 Diagnostic approaches

8.2.4 Treatment approaches

## **6. Operational definitions**

### **6.1- Useful traditional Practices**

Any traditional health practices which have positive health outcomes and which end up with good health consequences. Some of these practices are:

Healthy postpartum practices based on spiritual framework, including rest, cleanliness, love, and good nutrition:

Bone setting

Trained traditional birth attendances

### **6.2 Harmful Practices**

Any practices which have negative impacts on health i.e. has effect mentally, psychologically physically or socially. Some of these practices are:

Female genital mutilation:

Uvelectomy

Milk tooth extraction

Haemorrhoidectomy

Any harmful surgical procedure

### **6.3 perceived improvement**

Any perceived positive health outcome following traditional healer intervention or any improvement of their complaint after utilization of traditional practices.

Or change or alteration of state of disease or symptoms of the diseases.

### **6.4 non improvements**

When patient perceive that no change alteration of disease state or symptoms of the diseases.

### **6.5 Complication**

Any health problem which is caused by treatment given by traditional practitioners or by traditional practices

**6.6 Medhanit Awaki:** it is also called professional traditional practitioners. They usually diagnose diseases by physical examination or by questioning their clients and they give prepared drugs



### **6.7 Debtera**

Traditional spiritual healer who is the member of orthodox clergy usually look up on mental disorders as possession by evil spirits and usually treat their clients by praying or by holy water or by kitab amulet

### **6.8 kalicha**

Traditional spiritual healer who is the member of Muslim community or religious leader who can investigate the causes of disorder and advice patient what to do. They perform special ceremony to perform their practices by using excess smoke of etan.they also use kitab.

### **6.9 Tenquaye (witch doctors)**

Traditional spiritual healers who diagnose and treat spiritually.They advice patients what to do.

### **6.10 Wogesha**

Traditional healer who correct and set bone fracture.

### **6.11 traditional birth attendat (TBA)**

TBA also called traditional midwifery or they are also called primary pregnancy or child care provider traditionally, midwives are likely to belong to certain subcultures or religious groups. Of the midwives who are religious practitioners, a focus of their practice may well be to exclusively attend the births of women of like faith.

## **7. Ethical consideration**

The study was approved by the ethical review committee of ACIPH and university of Gondar

Before conducting data collection, traditional care providers and patients were contacted for permission and discussion of the relevance of the study. To ensure confidentiality of respondents, they were told their names are not attached. Their privacies were maintained by interviewing in isolated room. They were informed that any wrong doing or any malpractices of the study participant is not revealed by name; his right to refuse to participate in the study and right to interrupt his participation at any moment were told and respected. Individual oral or written consent of each of the study participants were asked.

## **Eight**

### **Dissemination of the result**

The copy of the result of the study will be given to the concerned government or non government bodies.

Publication on national and international journals will be tried

Presentation to annual conference will be tried.

## **9. Results**

### **9.1 Quantitative**

#### **9.1.1 Socio-demographic characteristics of study participant and users**

A total of 359 patients were interviewed. Out of which the majorities were males (61.6%). Age group 16-25 years (31.2%) were the majority. 75% and 91.4% of the participants are married and orthodox Christian respectively

Regarding their occupation the significant proportion of the participants are farmers which accounts about 60.7%. Most study participants are illiterate (53.5%). Their income status ranges from 0-8000 birr per month. 51.81% participants have income of 300-600 birr per month.

Among the study participants 288 patients were found to be users of traditional practices in the past one year and/ or before one year. 80.22 % of the patients came to Lideta Clinic used traditional practices. 50.12% patients used within the past one year and 30.1% before one year. Among users of traditional practices, the majorities are males (63%). The age group 26-35 years are the most frequent (26.39%) and The majority of users are married (76.4%). Significant proportion of users are orthodox which accounts 96.53%. and most of them are farmers (65.63%). 53.13% users have income of 300-600 birr per month. The majorities of users are illiterate (57.6%). (Table 1)

**Table 1 Socio-demographic characteristics of study participants and user of traditional practices at Lideta clinic in woreda town, august-September 2010**

<b>Variable characteristics</b>	<b>user number (%)</b>	<b>both users and non users (%)</b>
<b>Sex</b>		
Male	184(63.9%)	221(61.6%)
Female	104(36.1%)	138(38.4%)
<b>Age</b>		
Minimum	16	16
Maximum	93	93
Mode	40	20
Median	35	33
<b>Age group</b>		
16-25	76(26.4%)	112(31.2% )
26-35	84(29.2%)	98(27.3%)
36-45	69(24%)	82(22.8%)
46-55	30(10.4%)	36(10.0% )
56+	29(10.1%)	31(8.6%)
<b>Marital status</b>		
Married	220(76.4%)	271(75.5%)
Single	54(18.8%)	71(19.8%)
Widowed	2(0.7%)	3(0.8%)
Divorced	12(4.2%)	14(3.9%)
<b>Religion</b>		
Orthodox	278(96.53%)	328(91.4%)
Muslim	9(3.13%)	26(7.2%)
Protestant	1(0.35%)	4(1.1%)
<b>Occupation</b>		
Farmer	189(65%)	218(60.7%)
Merchant	18(6.25%)	32(8.9%)
Government employs	18(6.25%)	21(5.8%)
Daily laborer	8(2.78)	12(3.3%)
House wife	17(5.9%)	23(6.4%)
Student	28(9.72%)	37(10.3%)
Others	10(3.47%)	16(4.5%)
<b>Educational status</b>		
Illiterate	166(57.6%)	192(53.5%)
Write and read	26(9.0%)	31(8.6%)
Grade 1-6	29(10.1%)	41(11.4%)
Grade 7-12	46(16.0%)	70(19.5%)
Diploma	12(4.2%)	14(3.9%)
Degree and above	9(3.1%)	11(3.1%)
<b>Income status (birr)</b>		
<300	83(28.82%)	105(29.25%)
300-600	153(53.13%)	186(51.81%)
>600	52(18.06%)	68(18.94%)

**Table 2 socio-demographic factors associated for the utilization of traditional practices at Lideta clinic, in Woreta town, August-September, 2010**

Variable	users (non users)	crude OR (95% CI)	adjusted OR (95%CI)
<b>Sex</b>			
Male	184(37)	1	1
Female	104(34)	1.626(0.96, 2.5)	0.784(0.4, 1.7)
<b>Age group</b>			
16-25	76(36)	1	1
26-35	84(14)	0.352(0.2, 1)	0.246(0.1, 0.6)
36-45	69(13)	0.398(0.2, 1)	0.196(0.1, 0.6)
46-55	30(6)	0.422(0.2, 1.1)	0.341(0.1, 0.4)
56+	29(2)	<b>0.146(0.03, 0.6)*</b>	0.061(0.01, 0.4)
<b>Marital status</b>			
Single	54(17)	1	1
Married	220(51)	0.736(0.4, 1.4)	<b>2.578(1.02, 6.5)*</b>
Widowed	2(1)	1.588(0.1, 18.6)	3.501(0.8, 228.7)
Divorced	12(2)	0.529(0.1, 2.6)	0.388(0.05, 3.3)
<b>Occupation</b>			
Government employs	18 (3)	1	1
Farmer	189(39)	0.921 (0.3, 3.3)	0.692(0.1, 5.1)
Merchant	18(14)	<b>4.667(1.1, 19)*</b>	1.473(0.2, 10.2)
Daily laborer	8(4)	3(0.5, 8.1)	1.945(0.2, 20.7)
House wife	17(6)	2.118(0.5, 9.8)	0.442(0.04, 4.2)
Student	28(9)	1.929((0.5, 8.1)	0.237(0.03, 2.2)
Others	10(6)	3.6(0.7, 17.6)	0.851(0.1, 7.3)
<b>Religion</b>			
Muslim	9(17)	1	1
Christian	279(53)	0.64(0.06, 7)	0.017(0.001, 0.3)
<b>Educational status</b>			
Degree and above	9(2)	1	1
Illiterate	166(26)	0.477(0.2, 1.1)	1.234(0.1, 0.06)
Write and read	26(5)	2.42(0.9, 6.7)	1.234(0.1, 0.06)
Grade 1-6	29(12)	0.519((0.1, 2.2)	1.888(0.2, 19.1)
Grade 7-12	46(24)	1.556(0.3, 3.6)	2.045(0.2, 18.2)
Diploma	12(2)	1.098(0.3, 3.6)	0.609(0.04, 9.4)
<b>Income status</b>			
>600	52(16)	1	1
<300	83(22)	0.579(0.2, 1.5)	1.281(0.3, 5.2)
300-600	153(33)	0.364(0.1, 0.95)	1.072(0.3, 4.3)

### 9.1.2 socio-demographic factors associated for utilization of the practices

married individuals and merchant by occupation are associated with utilization of traditional practices which are statically significant. Patients with age of 56 years and above were not the users of traditional practices but the other socio-demographic factors are not associated for utilization or not. (Table 2)

### 9.1.3 Patient reasons for utilization of traditional practices

Regarding the reasons for utilization of traditional practices, the most frequently mentioned reasons were strong belief in traditional practices (53.13%) followed by peer pressure or relative pressure (32.29%). Shown on table 3

**Table 3 reasons for utilization of traditional practices at Lideta clinic, in Woreta town, August-September 2010**

Reasons for utilization	number	percent
Strong belief in traditional practices	153	53.13%
Peer or relative pressure	93	32.29%
Unable to get response by Modern medicine	2	8.68%
Poor access to health institution	9	3.13%
Inability to buy drugs	4	1.39%
Others	4	1.39%
Total	288	100%

### 9.1.4 Diagnostic and treatment approaches of traditional practices

Physical examination and asking their clients were the commonest diagnostic approaches followed by spiritual techniques. (Table 4)

**Table 4 Diagnostic approaches of traditional healers mentioned by patients at Lideta clinic in Woreta town, August-September 2010**

Variables	Debtera	Medhanit awaki	Tenquaye	Kalicha	total
Physical examination	11(37.9%)	33(48%)	1(6.3%)	3(42.9%)	16.7%
Asking patients	9(31%)	30(44.1%)	5(31.3%)	4(57.1%)	16.7%
Spiritually	4(13.8%)	1(1.5%)	10(62.5%)		5.2%
Observing mirror	3(10.3%)	3(4.4%)			2.1%
Others	2(6.9%)	1(1.5%)			1%

### 9.1.5 Treatment approaches of traditional healers mentioned by patients

The most utilized form of treatment were holly water(51.4%) in the form of drinking or baptizing followed by drinking form of traditional medicines(19.8%)(Table 5)

**Table 5 Treatment approaches of traditional healers mentioned by patients at Lideta clinic in Woreta town, August-September 2010**

Variables	numbers	percent
Tsebeling/baptizing	148	51.4%
Drinking form of medicine	57	19.8%
Skin ointment form	36	12.5%
Kitab	12	4.2%
Surgical procedure	8	2.8%
Smelling/smoke	4	1.4%
Tablet	3	1.0%
Praying	1	0.3%
Others	19	6.6%

### 9.1.6 Treatment out come perceived by patient versus type of practices

Among the user, the majorities (60.1%) perceived that they obtained improvement. Among these, most (40.6%) of them are holly water user.

.Among the user of holly water significant proportion of the patients 117(74.52%) have got perceived improvement.Among utilizer of medhanit awaki, 61.76% of patient did not perceived improvement.

Among users of kalicha, 75.14% of patient did not obtain improvement

Among users of tenquaye, 68% of patient did not perceive improvement

10.8% of users perceived complication. Among complicated, users of Medhanit awaki were the majority(Table 6)



**Table 6 types of traditional practices of which patients' perceived improvement or complication or not at Lideta clinic in Woreta town, August-September 2010**

Type of traditional Practices/healer	improvement	No improvement	complication
TBA	3(75%)	1(25%)	1(3.2%)
Medhanit awaki	26(38.24%)	42(61.76%)	16(51.6%)
Debtera	15(51.72%)	14(48.28%)	3(9.7%)
Kalicha	3(42.86%)	4 (57.14%)	0(0%)
Holly water	117(74.52%)	40(25.48)	8(25.8%)
Praying	0(0.0%)	2(100%)	0
Wogesha	2(100%)	0(100%)	0
Tenquaye	5(31.25)	11(68.75%)	3(9.7%)
Others	2(66.67%)	1(33.33%)	0
Total	173(60.1%)	115(39.9%)	31(100%)

## 9.2 Qualitative results

### 9.2.1 In-depth interview results of traditional healers

In-depth interviews were conducted for five traditional practitioners or healers and for ten patients who had history utilization of traditional practices. Four traditional healers are orthodox, their titles in the church are “Merigeta” and one healer is Muslim and his title is “sheh”. All are male.

Among the patients interviewed four are females the rest are males.

Most of traditional healers were asked about their knowledge of selected health problems.

All traditional practitioners responded that they have knowledge of diagnosing and treating many health problems. Some of the mentioned were “*Buda (evil eye), Megagna (crampy abdominal pain), Tb, HIV, cancer, Ganele (devil), sexual disorder, bleeding disorder, any sore, Haemorroid (Kuntarot), diabetic mellitus, hypertension, any swelling, Yemitch beshita, Yewof beshita, yewusha beshita, Yebird beshita, Yechife beshita, for abortion prevention, still birth, intestinal prastosis, Kuruba, Yejeseve, Yechinket (depression), Yesew Wuloshi*”

Most of traditional healers were asked about their knowledge of some of the above mentioned health problems. For instance they were interviewed about Yewusha beshita.

They responded that yewusha beshita means when somebody is bitten by dog when the dog is mad or the dog is contracted by “yewusha beshita” some said by germs.

Most of the healers said that the diagnosis is made by observing mirror. one of them responded about the diagnosis .he said” it is so complicated it is difficult to mention the diagnosis because this knowledge and skills was transferred from religious seniors when I was a student in the churches”

One healer also mentioned that “this knowledge is not known by all traditional healers. In Amhara region there are about four to five healer who knows this skill and knowledge of diagnosing and treating yewusha beshita.

For instance in Debreworkos town I am the only healer who know the skill and knowledge and in bahirdar town only two and in Merawi there is only one healer who have the knowledge and skill” however all of the healers interviewed responded that they have the knowledge and the skills to diagnose and treat “Yewusha Beshita“

One of the healer responded that he has the other technique to identify yewusha beshita by observing the saliva after giving plant medicine. He said that “if I observe saliva which is thick and adhesive which can be dragged I will diagnose Yewusha beshita”

Regarding the treatment, most of them responded that they will give in the form of drinking mixed with honey and some of them in the form of chewing and smoke.

They were also asked about “Yewof Beshita”.

I asked them what Yewof beshita is. All of them answered that when“Yeletit wof (Bat) is revolving some body head he/ she will contract the disease”

Regarding the diagnosis they answered that most of them said that diagnose is made by observing the eye, mucus membrane and palm when the color is

changed to yellow and green and observing the color of the urine when changed to yellowish.

They also revealed that the treatment is given in the form of drinking, smoking and ointment.

They were also asked about hemorrhoid, how they diagnosis and treat the problem. All of them said that Hemorrhoid (Kuntarot) is any lesion around anal orifice that has root and grows to the body and finally it will cause pain and any internal health problems. The diagnosis is made by asking patient and observing the lesion.

Most of them mentioned that the treatment is by applying medicine on the swollen site and some of them said that by injecting medicine on the swollen site. They were asked about what is meant by "Ejeseve"? They responded that any poison or any intentionally prepared harmful substances when ingested.

Most of them said that it is diagnosed by asking patient about their complaint and some of them said that by reading spiritual books.

Regarding the treatment they said that they will give in drinking form and chewing forms. Some of them ordered holly water to drink.

They were also asked about "kunkun" "most of them responded that insects through ear and finally it will penetrate the brain and it may cause headache.

Concerning its diagnosis, most of them said that the diagnosis is made by observing through hollow devise or "shebeko" but some of them said that they will diagnose by applying medicine through ear and if there is Kunkun or insects it will come out.

Some healers were interviewed about "Nekersa" or "Eti" some also called cancer. They said that it is any swelling on any part of the body with out any cause. They were interviewed about its diagnosis. Most of the healer said they diagnose by observation or by physical examination and effectively treat by inserting medicines it to the swelling.

### 9.2.2 in depth interview result of the user of traditional practices

Ten patients were selected purposely for in depth interview. Two of them were treated by traditional healers with complaining of dog bite but one of the patients was not bitten but his clothes were torn by the dog. They were asked their complaints and they were asked to see mirror and some devices were put on their neck then they were told that they have the disease (*Yewusha beshita*). They were given the medicines which were mixed with honey for two weeks. One of the patient said “I have developed severe and persistent vomiting and epigastric pain to the extent that I was fainting”.

Another two patients were complaining headache they visited traditional healers and they were asked about their complaints. One said “The healer examined with hollow materials (*shenbeko*) and applied some fluid medicine through my ear and cotton was applied on my ear then the healer showed me many dead insects inside cotton”.

They said that we got immediate relief but their problems are still there. They said that we are worrying and develop anxiety assuming that the insects will be damaging our brain.

Another two patients responded that we visited traditional healer with complaining of hemorrhoid (*yekuntarot beshita*).they were asked about their complaints and the healers examined the hemorrhoid with physical examination. One of the patients was given injection on hemorrhoid and he was suffering severe pain and he developed infected wound for long time. Finally he was treated by modern medicine.

The other patient was treated by applying medicine inside his anal canal and he also developed infected wound for long time with difficulty of passing stool and still he has difficulty and pain during defecation.

One patient was interviewed that he was treated by traditional medicine with complaining of cough and shortness of breath. He was asked and examined with some device on the chest and he was told having lung Tb and he was given

modern anti tuberculosis and he brought the medicine showed to the principal investigator. Patient was critical while he was diagnosed as having congestive heart failure at Lideta clinic.

One patient was also interviewed that he visited and treated by traditional healer with complaining of severe headache. She was asked her symptoms and she was diagnosed having “Nekersa “.the healer inserted medicine by cutting the scalp and finally the patient developed severe wound infection and she was treated by modern medicine for the wound and she had big scar and alopecia on the scar which is observed by principal investigator.

Another two patients were interviewed that the reasons for visiting traditional healer were anorexia and weakness. Their eye and palm was examined and told to have “*Yewofit Beshita*”.one of the patient said that she was manipulated by cutting sublingual area and by letting some blood and the other patient was treated by drinking form. Both patients were restricted not to eat protein diet and drink alcohol

All traditional healers said that we have license but all the licenses were given by their professional association not by government body. They said no body supervises them. Most of them said training was not given by government or non government body

## 10. Discussion

The utilization level of all form of traditional practices is still very high (80.2%) despite access to health service and health coverage is in good progress. This is similar to the study done previously in Ethiopia which revealed that 80% of the Ethiopian population depend on traditional practices (4, 5) but in this study the main reasons for utilization of traditional practices were found to be their strong belief in traditional practices (53.13%) and their peer or relative pressure(32.3%) but poor access and inability to buy drugs contribute very little for utilization. this results is consistent with the previous study done in Ethiopia which revealed that the wide spread use of traditional medicine among both urban and rural population could be attributed to cultural acceptability (16-20) but this study inconsistent with previous study which showed that the majority of the Ethiopia people rely on traditional medicine due to poor access to health services, especially in the rural areas,(4) ; and the study done in Ethiopia in 2003/04 which mentioned that at least 30% of populations did not have easy access to formal health services (14) and the other study showed that 35% of the patients did not obtain the prescribed drugs due to lack of money which contributes to the use of rural based healers (15) but there might be selection bias because most of study participants who came to private Clinic are those who can afford to buy drugs ant they may not have access problems.

Among socio-demographic factors, married individuals and merchants which are statically significant. The study is similar with the previous study in Uganda which revealed that substantial proportions of attendees of traditional healing practices suffer from psychological distress? Associated factors include poverty, number of children (11)

Age group 56 and above were not users of traditional practices wich is statically significant but other socio-demographic factors like educational status, income and religion are not associated to utilization of traditional practices.

Regarding the diagnostic approaches of healers, even though most of the healers have no clear ideas about the health problems they are diagnosing and

treating, most of medhanit awakis, debteras, and kallicha diagnose their patients with physical examination and asking their clients but they also diagnose their clients by observing mirror, applying device on patient's body, taking biological samples, observing coffee cup, reading books, and praying

When we consider some selected cases for instance the diagnosis of rabies (Yewusha beshita) is made by observing mirror which was mentioned by all healers and revealed by patients who visited healers. But the disease is caused by virus and it is lethal acute disease of CNS that affects all mammals transmitted by infected secretion. Its diagnostic techniques are sophisticated usually by exclusion of other etiologies and by detecting rabies virus antibodies in serum and CSF. the disease can be prevented by vaccine but there is no specific treatment for Clinical Rabies. Death is virtually inevitable once clinical signs develop (52). But most healers even treat their Clients after clinical manifestation of the disease begun.

If we take "Yewof beshita" the diagnosis is made by observing yellowish discoloration of the eye or mucus of the clients but the healers assumed that the disease is caused by "Yeletit wof" or bat revolving around one's head and the treatment is made by cutting sublingual mucus membrane and letting blood but there are a number of differential diagnosis which lead to yellowish discoloration of eyes like liver disease, heart failure, acute febrile illness and like(52) so the diagnosis is uncertain and the treatment also uncertain.

If we take diagnosis of "Nekersa" or cancer they said they diagnose with observation and physical examination but scientifically any swelling can not be cancer. It should be confirmed by histological examination (52)

One patient was diagnosed as pulmonary tuberculosis case following visiting traditional healer with complaining of cough and the patient was given anti tuberculosis for two months. This shows that some healers are using modern medicines as part of their treatment and contributing for drugs resistance.

Many other harmful treatment approaches of traditional healers were identified like injection of either herbal or chemicals on hemorrhoid sites or anal orifice,

inserting medicines by cutting skin and subcutaneous tissues, incorporating modern medicines with their treatments, cutting of vein and cupping and cauterization. Psychological treatment like showing dead insects as they are came out of patient's ear and putting eggs on head, from this study it is possible to conclude that there are a number of miss diagnosis and mistreatment and most diagnostic and treatment approaches are groundless and do not sound scientifically. This study is similar with the previous study done in Ethiopia which revealed that an increasing number of "false healers" have grown (7) the differences between real and false healers are almost impossible to distinguish. However, only about ten percent of practicing healers are true Ethiopian healers. Much of the false practice can be attributed to commercialization of medicine and the high demand for healing (8).

Regarding out come of patients, 60.1% of patients perceived that they obtained improvement from traditional intervention among these patients, 68% were users of holly water but most of the users of Medhanit awaki, Tenquaye, kalicha and 48.3% of users of Debtera did not perceived improvement following traditional treatment.

The qualitative results showed that most of the patients did not obtain improvement rather most of their problems were aggravated and these are one of the reasons to visit Lideta clinic and other health institutions for the same health problems. But in this study, there may be social desirability and recall bias and those who perceived improvement may not come to Clinic and may not be included in the study.

10% of patients perceived complication following traditional intervention. The most frequent (51.6%) complications were observed by Medhanit Awaki followed by holly water (25.8%).the complication described by holly water users were delayed for treatment and they were critically ill while they were using holly water. some of the complication perceived and revealed by patients was anal stenosis,



bleeding, disfiguring scar, epigastric pain, and psychological trauma following traditional intervention.

All healers interviewed about license and they mentioned that they have licenses but the license was given by regional traditional professional association but not by government body.

There is no government body is known to visit or supervise them and no training or health education was given for any of them.

Any who claimed himself/herself as traditional healers can be a member of professional association and license can be give for those claimed as traditional healers but Policy issued in 1993 which revealed that DACA is responsible for preparing standards of safety, efficacy and quality of traditional medicine, and shall evaluate laboratory and clinical studies. It also gives license for the use of traditional medicine in the official health services (50) but from this study no traditional healers is registered, licensed, supervised and trained by DACA.

## **STRENGTHS AND LIMITATIONS OF THE STUDY**

### **Strength of the study**

- Probably, this study is the first of its type
- It tries to understand and evaluate some of the practices of traditional practitioners
- It will initiate further study on traditional practices and healers
- The study employed both quantitative and qualitative study design

### **Limitation of the study**

- The results purely depended on the responses of the participants.
- Convenience sampling technique was used.
- There is a high chance of recall , Social desirability bias and interviewer bias
- The respondents may also choose to answer what the interviewer would like to hear so there were difficulties of getting real information from traditional healers.
- There were refusals of getting consent of traditional healers to observe and interview their practices
- Community based study was not done due to lack of time and money
- The study result can not be generalized because the study were not community based
- Lack of similar studies for the purposes of comparison.

## **11. Conclusion**

The traditional utilization rate is still high despite the health coverage and expansions of health institutions are improved. From this study it can be concluded that the main reasons for the utilization of traditional practices were strong belief or acceptability of the practices followed by strong peer or relative pressure rather than poor access to health institution and inability to buy drugs. The only socio-demographic characteristic strongly associated to utilization is married couples.

Most of the perceived improvements were obtained from holly water which were associated to their strong belief for their religions and it could be associated to psychological response.

Most traditional healers have no clear and adequate knowledge about the health problems of their clients they are treating.

Most of the diagnostic approaches of traditional healers were groundless or scientifically do not sound.

There are many harmful practices which are performed by medhanit awaki, debtera, tenquaye and kalicha but there are some useful traditional practices like traditional delivery practices

The treatment approaches are based on groundless diagnosis so a number of miss-diagnosis and mistreatment were observed.

There are many harmful practices which are performed by medhanit awaki, debtera, tenquaye and kalicha but there are some useful traditional practices like traditional delivery practices

Most of the healers are false healers they are practicing as means of earning money without knowledge and skills.

No concerned government body is committed to license, control and evaluates their practices or their skills and knows ledges.

## **12. Recommendations**

- Health education should be given to the community for any health problems about the nature and cause of health problems including their diagnostic and treatment option.
- The concerned government body should have control, monitoring and evaluation of efficiency, effectiveness and safety of traditional medicine and their practices
- License should be given by the concerned government body
- The healer should be given training and support from the concerned bodies
- There should be comprehensive and large scale study on traditional practices to identify useful and harmful components of the practices.
- Traditional healers should be given health education or training to avoid harmful practices and to boost useful practices.

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## 14. Annexes

### Questioner

Assessment of diagnostic and therapeutic Approaches of traditional healers in North Western Amhara region, the outcome and utilization level of patients in Woreta town, Ethiopia

Questioners for patient visiting Lideta Clinics for any health problems having past history of using traditional practices or practitioners

Questioner identification no-----

District: woreta city administration

Zone: South Gondar region: Amhara date\_\_\_\_\_

#### Section one. Socio-demographic characteristics

NO	variables	Categories and response
101	sex	1.male  2.female
102	age	_____years
103	Marital status	1.married  2.single  3.widowed  4.divorced
104	Educational status	1.illiterate  2.write and read  3.grade 1-6  4.grade 7-6

		5.diploma  6.degree and above  7.other,specify_____
105	Income status	_____birr per month
106	occupation	1.farmer  2.merchant  3.government employee  4.daily laborer  5.others,specify_____
107	religion	1-orthodox  2-muslim  3-protestant  4-catholic  5-other,specify

Section two. Utilization level traditional practice of patient and reasons of utilization

No	questions	Response and categories	Skip to
108	Have you ever used traditional practices?	1.yes  2.No	113
109	When did you use traditional practices?	1.with in on year  2.one year back	
110	Why did use traditional practices?	1.poor access to health institution  2.unable to get relief by modern medicines  3.unable to buy drugs  4.peer pressure  5.strong belief in traditional practices  6.others,specify_____	
111	What type of traditional practices you used?	1.Medahanit Awaki  2.Debtera  3.Kalicha  4.Wholy Water  5.Praying	

		<p>6.Wogesha</p> <p>7.Tenquaye</p> <p>8.traditional birth attendant</p> <p>9.others,specify_____</p>	
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Section two. Patient Utilization level of traditional practice and reasons of utilization

No	questions	Response and categories
112	For what health problems you used traditional practices?	1.febrile illness 2.respiratory problems 3.GI problems 4.Skin problems 5.eye problems 6.CNS disorder 7.STD 8.others,specify_____
113	Why did not use traditional practices?	1.fear of side effect 2.strong belief in modern medicines 3.I do not trust traditional practices 4.other,specify_____

Section three. Diagnostic and therapeutic approaches of traditional practitioners

NO	Questions	Categories and responses
114	How did traditional practitioners Diagnose or identify your health problems?	1.physical examination 2.questioning

		3.sprituallly  4.taking biological sample  5.observing mirror  6.other,specify_____
115	How did traditional practitioners treat or manage your health problems?	1.drinking form  2.skin ointment  3.surgically(cupping,cutting,cauterization,etc)  4.praying  5.kitab  6.tsebeling  7.tablet form  8.smelling  9.others,specify_____

Section four. Perceived out come of the patient and any complication following traditional intervention

NO	Questions	Categories and response
116	What did you perceive your treatment outcome?	1.positive health outcome 2.negative health response
117	Did you encounter other health complication following treatment?	1.Yes 2.No
118	What complication did you develop?	<hr/>
119	What do you suggest about traditional practices?	1.useful 2.harmful 3.both 4.others,specify



## **In depth interview guide for traditional medical practitioners**

.Age.....sex.....religion .....

Educational status.....marital status.....

1)How do you get your traditional knowledge and practices?.....

.....

.....

.....

2)How do you reach to the diagnosis of health problems of your clients?.....

.....

3)How do you treat the health problems of your clients?.....

.....

.....

4)Where do you get the medications?.....

.....

.....

5)How do you prepare the medication?.....

.....

.....

6) Did you come across your clients coming complicated using your medicines or practices? \_\_\_\_\_

If yes, what complication did you encounter?.....

.....

.....

.....

How did you manage or treat your clients?

If your answer is No, how do you manage if you encounter your clients complicated?.....  
.....  
.....  
.....  
.....

7) Do you have license? \_\_\_\_\_ If, yes, where do you get your license??.....  
.....  
.....  
.....

8) Do you get training from any health agency or NGOs? \_\_\_\_\_  
    If yes when.....  
    By what organization.....  
    About what?.....

Do you get any support or do the government agency visit or supervise you?  
.....  
.....  
.....  
.....  
.....

10) Are you member of traditional professional association?.....if yes-----  
-----  
What do you get from the association-----  
-----

11) What do suggest about association or government support  
?.....  
.....

በአዲስ ኮንቲኔንታል የሕብረተሰብ ጤና አጠባበቅ ትምህርት ተቋም እና በጎንደር ዩኒቨርሲቲ የሕብረተሰብ ጤና አጠባበቅ ትምህርት ክፍል

የባህል ህክምናን በተመለከተ ለሚደረግ ጥናት የተዘጋጀ መጠይቅ

001. የመጠይቁ መለያ ቁጥር

002. የጥናቱ ተሳታፊዎች

1. በልደታ ክሊኒክ ለህክምና የመጡ በሽተኞች

መግቢያ

ሰላምታ። ስሜ ----- ይባላል። እኔ እዚህ የምገኘው አዲስ ኮንቲኔንታል እና ጎንደር ዩኒቨርሲቲን በመወከል በወረታ ከተማ በልደታ ክሊኒክ የሚታከሙ በሽተኞች የባህል ህኪሞች የበሽተኞቻቸውን የጤና ችግር እንዴት ይለያሉ፤ እንዴት እና ምን ህክምና ይሰጣሉ፤ የበሽተኞች የህክምና ውጤት መገምገመና ጎጅ ድርጊት ወይም ጠቃሚ ድርጊቶችን ለመለየት ይጠቅማሉ ብዬ ያሰብኩትን መረጃዎችን ለመሰብሰብ ነው።

የሚሰጡት መረጃ ሚስጥርነቱ ሙሉ ለሙሉ የተጠበቀ ነው። መጠይቁ ላይ የርስዎን

ስም የሚገልፅ ማንኛውም አይነት ነገር አይጠቀስም ወይም አይያያዝም፤ በመጠይቁ ወቅት የማይፈልጉትን ማንኛውንም አይነት ጥያቄ መተወ ወይም በማንኛውም ሰዓት መጠይቁን ማቋረጥ ይችላሉ።

ለዚህ ጥናት ለሚያደርጉልን ትብብር ምስጋናችን ክልብ

የመነጨ ነው። መጠይቁ ከ -----እስከ ደቂቃ ሊዎስድ ይችላል። ስለዚህ በመጠይቁ ለመሳተፍ ፈቃደኛ ነዎት?-----

003 መረጃ ሰብሳቢ ስም ፊርማ

004 መጠይቁ የተካሄደበት ቀን -----

**ክፍል 1 አጠቃላይ የግለሰቡ መረጃ የሚያሳዩ መጠይቆች**

ቁጥር	ጥያቄ	መልስ
101	ፆታ	1.ወንድ  2.ሴት
102	እድሜ	-----አመት
103	የጋብቻ ሁኔታ	1.ያገባ  2.ያላገባ  3.ጋለሞታ  4.የፈታ
104	የትምህርት ደረጃ	1.ያልተማረ  2.ማንበብናመፃፍ  3.1ኛ-6ኛ  4.7ኛ-12ኛ  5.ዲፕሎማ  6.ዲግሪና ከዚያ በላይ  7.ሌላ-----
105	ገቢ	-----ብር በወር
106	ስራ	1.ገበሬ  2.ነጋዴ

		3.የመንግስት ሰራተኛ 4.የቀን ሰራተኛ 5.የቤት እመቤት 6.ተማሪ 7.ሌላ-----
107	ሀይማኖት	1-አርቶዶክስ 2.ሙስሊም 3.ፕሮቴስታንት 4.ካቶሊክ 5.ሌላ-----

**ክፍል 2.የባህል ህክምና ያጠቃቀም ሁኔታ እና ለመጠቀም ያነሳሳቸው ምክንያት**

ቁጥር	ጥያቄ	መልስ	
108	የባህል ህክምና ተጠቅመህል/ሽ	1.አዎ 2.አስተጠቀምኩም	ወደ ጥያቄ 112 እለፍ
109	መቼ ነዉ የተጠቀክምከዉ/ሽ	1.በአመት ዉስጥ 2.ከአመት በፊት	
110	ባህል ህክምናን የመረጥከዉ/ሽ በምን ምክንያት ነዉ	1.የህክምና ተቁም በቅርብ ስሌለ	

		<p>2.በዘመናዊ ህክምና ለውጥ ስላላገኘሁ</p> <p>3.መድሀኒት መግዣ ስለሌለኝ</p> <p>4.የጎደኛ ግፊት</p> <p>5.ከፊተኛ እምነት በባህል ህክምናዉ ስላለኝ</p> <p>6.ሌላ-----</p>	
111	ምን አይነት የባህል ህክምናን ነዉ የተጠቀምዉ/ሽ	<p>1.የመዳሀኒት አዋቂ</p> <p>2.ደብተራ</p> <p>3.ቃልቻ</p> <p>4.ጸበል</p> <p>5.ጸሎት</p> <p>6.ወጌሻ</p> <p>7.ጠንቆይ</p> <p>8.የልምድ አዋላጅ</p> <p>9.ሌላ-----</p>	
112	ለምን የጤና ችግር ነዉ የባህል ህክምና የተጠቀምከዉ	<p>1.ለሰውነት ሙቀት</p> <p>2.የመትንፈሻ የጤና ችግር</p>	

		3.ለሆድና ለአንጀት ችግር  4.ለቆዳ ችግር  5.ለአይን ችግር  6.ለአይምሮና ለነርብ ችግር  7.ለአባላዘር በሽታ  8.ሌላ-----	
113	ለምንድነው የባህል ህክምና ተጠቅመህ የማታውቀው	1.ተጎዳኝ ችግሩን ስለምፈራ  2.በዘመናዊ ህክምና ጠንካራ እምነት ስለለኝ  3.በባህል ህክምና እምነት ስለለኝ  4.ሌላ-----	

**ክፍል 3.የባህል ሀኪሞች በሽታን እንዴት እንደሚለዩ እና እንዴት ወይም በምን ህክምና እንደሚሰጡ**

ቁጥር	ጥያቄ	መልስ
114	የባህል ሀኪሞች እንዴት ነዉ በሽታህን/ሽን መለየት የቻሉት	<p>1.የአካል ምርመራ በማድረግ</p> <p>2.በመጠየቅ</p> <p>3.በመንፈስ/በጥንቁልና</p> <p>4.ናሙና በመወሰድ</p> <p>5.መስታወት በመመልከት</p> <p>6.ሌላ-----</p>
115	ለጤና ችግርህ/ሽ እንዴት ና በምን ህክምና ሰጡህ/ሽን	<p>1.በሚጠጣ</p> <p>2.በሚቀባ</p> <p>3.በመቅደድ</p> <p>4.በጸሎት</p> <p>5.ክታብ በማሰር</p> <p>6.በጸበል</p> <p>7.በእንክብል</p> <p>8.በማሸተት</p> <p>9.ሌላ-----</p> <p>-----</p>



**ክፍል 4.በሽተኛው በህክምናው ለይ ነበረኝ ብሎ የሚያምነው ለውጥና በህክምናው የደረሰበት/ባት የጤና ችግር**

ቁጥር	ጥያቄ	መልስ
116	በህክምናው አለኝ ብለህ/ሽ የምታስበው/ቢው ጥሩ የጤና ውጤት ነበረህ/ሽ	1.ተሽሎኝ ነበር 2.አልተሻለኝም ነበር
117	በህክምናው ያልተጠበቀ የጤና ችግር ገጥሞህ/ሽ ነበር	1.ገጥሞኝ ነበር 2.አልገጠምኝ
118	ምን አይነት ችግር ነበር የገጠመህ	----- -----
119	ስለባህል ህክምና ያለህ/ሽ አስተያየት	1.ጠቃሚ 2.ጎጂ 3.ጠቃሚም ጎጂም 4.ሌላ-----

ለባህል አዋቂዎች /ሐኪሞች/ የተዘጋጀ ቃለ መጠይቅ

እድሜ -----

ፆታ -----ሐይማኖት እና ማዕረግ -----

የጋብቻ ሁኔታ -----

ክድራሻ-----

የባህል ህክምና እውቀትህን እንዴትና መቸ ነው ያገኘኸው ? -----

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እንዴት ነው የደንበኛህ የጤና ችግር የምታወቀበት ዘዴ ? -----

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ለጤና ችግሩ እንዴት ነው ህክምና የምትሰጠው ምንድነው የምትሰጠው? -----

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መድሃኒቶችን እንዴት ነው የምታገኘው ? -----

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መድሃኒቶችን እንዴት ነው የምታዘጋጀው? -----

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በተሰጠው ህክምና በሽተኞቹ ችግር ገጥሞቸው ወደ እናንተ መጥተዉ ያውቃሉ?

አዎ ከሆነ መልሱ

ምን አይነት ችግር ነው የገጠማቸው

ምን አይነት ህክምና ሰጠኸቸው?

7. እዉቀትህን ለማካፈል ትፈልጋለህ?-----አዉ ከሆነ መልሱ -----  
ለማን-----

8. ፍቃድ አለህ?

አዎ ከሆነ መልሱ ከየት ነው ያገኘኸው ማን ነው የሠጠህ?

9.ስልጠና አግኝተህ ታውቃለህ አዎ ከሆነ መቸ

ከየትኛው ድርጅት

ስለምን ነበር ያገኘኸው

10.ከመንግስት አካላት ድጋፍ አግኝተህ ታውቃለህ ወይም ጎብኝተውህ ያውቃል?

11.የሙያ ማህበሩ አባል ነህ? አዎ ከሆነ ምን ጥቅም ታገኛለህ?

12. ከመንግስትና ከማህበሩ ምን ትጠብቃለህ? -

### Consent form

I have been informed and understood the purpose of this particular research Project. I have been informed that I am going to respond to these questions by answering what I know

I have been informed that the information I give will be used only for the purpose identifying facts about traditional practices. The information I give will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond partial or the whole questions I am not interested. Further more I have been informed that I can stop responding to the questions at any time in the process. Based on the above information I agree to participate in the research voluntarily with the hope of contributing in detecting the useful components or harmful components or assessing the approaches of traditional medical practitioners

Signature\_\_\_\_\_

Date\_\_\_\_\_

**የስምምነት ቅጽ**

በገንደር ዮንቨርስቲና በአዲስ ኮንትኔን ል እንስቲትዮት የሁለተኛ ደግሪ ስማጠናቀቅ በዶ/ር በቀስ ሃይሴ ስለባህል ህክምና የምርምር ስራ ስመስራት ተፈቅዶል ል።

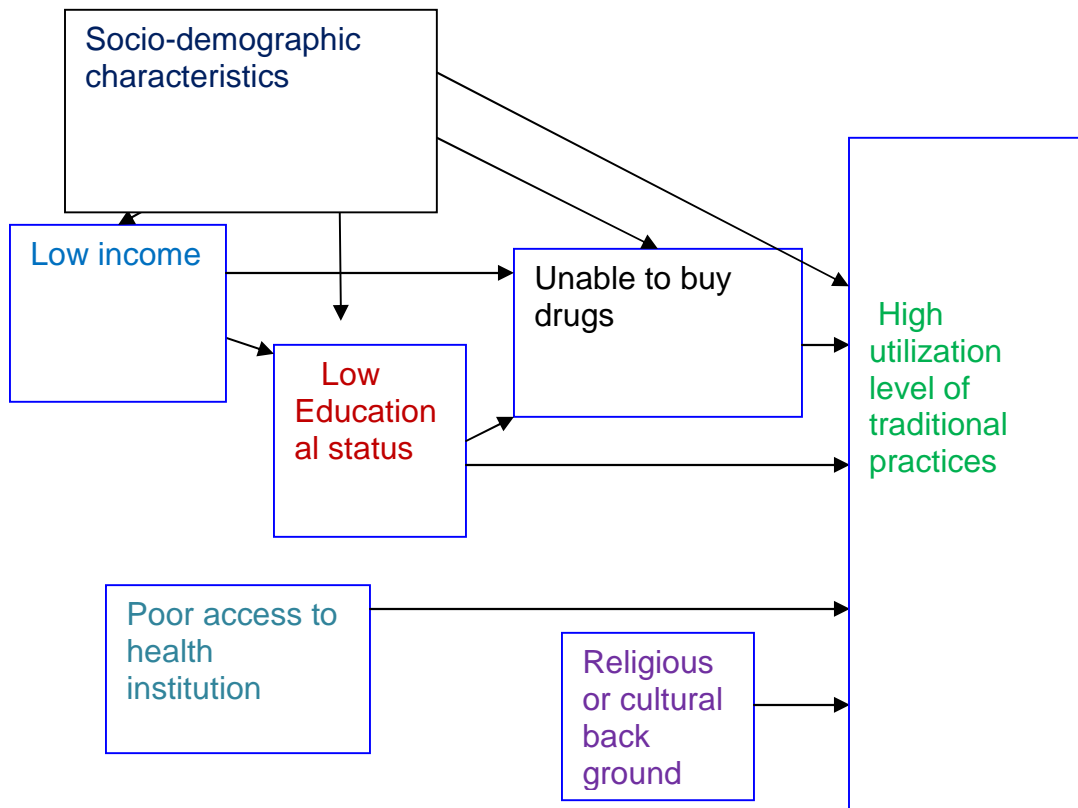
የምርምሩ አላማ የባህል ህክምና በሽን እንዲት መስየት ይችላሉ? እንዲት ህክምና ይሰጣሉ ? የባህል ህክምና ዉጤቱን መገምገምና እና ጠቃሚ ወይም ጎጅ ድርጊቶችን ለማወቅና ስመገምገም መሆኑን ተነግሮኝ ተረድቻለሁ። ሚስጥር እንደሚጠበቅ ወይም በ ስም እንደማይገለፅ ተነግሮኛል። መልስ በከፊልም ሆነ በሙሉ ያለመመለስ መብት እንዳለኝ ተነግሮኛል ። እኔን የሚገዳ ነገር እንደማይፈፅም ነገር ግን የሚጠቅም ነገር ካለ ስመጥቀም ዝግጁ መሆኑን ነግሮኛል።

በምርምሩ የምሳተፈዉ የምርምሩን አላማ በማወቅና በፍቃደኝነት አስተዋፀኦ ያደርጋል ብዬ በማሰብ ነው።

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## Conceptual framework for associated factors for utilization of traditional practices



### **DECLARATION**

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in this or any other university, and all sources of materials used for this thesis have been fully acknowledged.

Name: BEKELE HAILE ALEMU (MD)

Signature: \_\_\_\_\_

Place: Bahir Dar

Date of Submission: December 25, 2010

This thesis has been submitted with my approval of my advisor  
Professor Yemane Berhane (MD, MPH, Ph D)

\_\_\_\_\_  
Advisor's Name

\_\_\_\_\_  
signature